

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIAEDWARD SARTORIS QP3887

Full Name of Plaintiff

Inmate Number

v.

Civil No. 3:23cv640

(to be filled in by the Clerk's Office)

PRIMECARE MEDICAL CEO & STAFF

Name of Defendant 1

☒ Demand for Jury Trial☐ No Jury Trial DemandMONROE COUNTY CORRECTIONAL FACILITY WARDEN

Name of Defendant 2

MONROE COUNTY CORRECTIONAL FACILITY SAFETY OFFICER

Name of Defendant 3

MONROE COUNTY CORRECTIONAL FACILITY MAINTENANCE CHIEF/SUPER

Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

FILED
SCRANTON

APR 11 2023

PER [Signature]

DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

☒

Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)

☐Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)☐

Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

SARTORIS EDWARD A.

Name (Last, First, MI)

QP 3887

Inmate Number

SCI-CAMP HILL

Place of Confinement

P.O. BOX

Address

CAMP HILL, PA 17001-0200

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

PRIMECARE MEDICAL PROVIDER CEO & STAFF

Name (Last, First)

Current Job Title

3940 LOCUST LANE

Current Work Address

HARRISBURG, PA 17109 (COUNTY = ?)

City, County, State, Zip Code

Defendant 2:

HAIDLE

Name (Last, First)

WARDEN MONROE COUNTY CORRECTIONAL FACILITY

Current Job Title

4250 MANOR DRIVE

Current Work Address

STROUDSBURG, MONROE, PA 18360

City, County, State, Zip Code

Defendant 3:

Name (Last, First)

MONROE COUNTY CORRECTIONAL FACILITY SAFETY OFFICER

Current Job Title

4250 MANOR DRIVE

Current Work Address

STROUDSBURG MONROE PA 18360

City, County, State, Zip Code

Defendant 4:

es 

Name (Last, First)

MONROE COUNTY CORRECTIONAL FACILITY MAINTENANCE SUPER

Current Job Title

4250 MANOR DRIVE

Current Work Address

STROUDSBURG MONROE PA 18360

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

THE EVENTS OCCURRED AT THE MONROE COUNTY CORRECTIONAL FACILITY RANGING FROM MAY 26TH 2020 UNTIL PRESENT.

B. On what date did the events giving rise to your claim(s) occur?

THE CONDITION IS A FLUID ON GOING CONDITION THAT WAS CONTINUALLY HAPPENING DURING MY TIME INCARCERATED AT THE FACILITY.

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

I HAVE BECOME VERY SICK WITH ALL TYPES OF AILMENTS AND DISEASES RANGING FROM SKIN DISORDERS/DISEASES TO CANCER, UPI'S, BREATHING DISORDERS. THE MEDICAL PROVIDER FAILED TO ACKNOWLEDGE, RECOGNIZE, DOCUMENT AND OR TREAT DISEASE AND AILMENTS CAUSED BY MOLD. FURTHER, THE MEDICAL PROVIDER FAILED TO DOCUMENT, WARN, ADVISE, PROHIBIT AND PREVENT DRINKING OF KNOWN CONTAMINATED WATER. WATER WHICH CAUSED SKIN DISORDERS, RASHES, ETC FROM COMING IN CONTACT WITH SKIN. WATER WHICH WHEN INGESTED CAUSED NUMEROUS DISORDERS AND DISEASES AS IN THE WATER BEING TESTED AND TREATED FOR YEARS AND THE UPPER ECHELON STAFF (WARDEN) HAD THE RESULTS WHICH IDENTIFIED THE WATER AS "TOXIC"

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

UNDER THE EIGHT AMENDMENT OF THE CONSTITUTION, WHICH PROHIBITS CRUEL AND UNUSUAL PUNISHMENT, PRISON MEDICAL STAFF, AND JAIL OFFICIALS, WARDEN, ETC. ACTED WITH DELIBERATE INDIFFERENCE. THEY EXPOSED PRISONERS TO A CONDITION THAT POSED (POSES) AN UNREASONABLE RISK OF SERIOUS HARM TO THE PRISONER'S PRESENT OR FUTURE HEALTH AND SAFETY. IGNORING THE MOLD AND CONTAMINATED WATER EXPOSED ALL INMATES TO INHUMANE HEALTH CONDITIONS WHICH CAUSED SERIOUS HARM TO ALL PEOPLE WHO ARE PRE-TRIAL HAVE EIGHT AMENDMENT PROTECTION THROUGH THE FOURTEENTH AMENDMENT DUE PROCESS CLAUSE. THE RISK IS OBVIOUS AND WELL ESTABLISHED. THEY DECLINED TO CONFIRM INFERRENCES OF RISK THAT THEY KNEW EXISTED.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

FLU, URI, OTI, MRSA, RASHES, INFECTIONS, CANCER, BONE MARROW DECAYS

VI. RELIEF

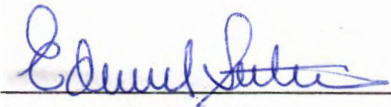
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

PROVIDE WATER WHICH IS NOT CONTAMINATED, PROVIDE MOLD REMEDIATION THROUGHOUT THE JAIL. AWARD PUNITIVE & COMPENSATORY DAMAGES

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



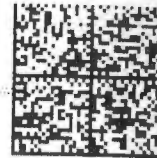
Signature of Plaintiff



Date

EDWARD SARTORIUS QP3887
SCI-CAMP HILL
P.O. BOX 200
CAMP HILL, PA 17001-0200

8000 0051310281



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PER _____

CLERK OF COURTS
UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA
MAX ROSEN U.S. COURTHOUSE
197 SOUTH MAIN STREET
WILKES-BARRE, PA 18701

LEGAL MAIL!